

PROPOSAL NARRATIVE

A. PROJECT APPROACH

Please describe what type of project or program you are planning to implement in your community. Provide a brief description of the proposed program including: target population and demographics, anticipated reach, proposed program description and frequency, and the need that the program addresses in the community. Use the questions below to guide your Project Approach narrative.

This is the KEY question. Please be as detailed as possible. In your Project Approach narrative, be sure to address all the evaluation criteria on [pages 13-14](#), including:

1. **WHO?** Describe the target population and demographics. This might be the community that your organization or group currently serves, and/or plans to reach. Describe how your target population matches the Priority Population(s) mentioned in the description of your chosen Grant Type.
2. **WHAT, WHEN and WHERE?** (This should be the largest part of your proposal.) Describe in detail the proposed program. What needs will the proposed project address in your community? When and where will services or activities be held? How often?
3. **HOW?** How will the project address the requirements listed in your chosen Grant Type?
4. **WHAT?** Describe what your project will achieve in a 12-month funding period. What is the goal of your group or agency in applying for this Grant Type?
5. **WHY?** Tell us why your proposed project will be successful with the community being served.
6. **HOW?** Describe how the project will prioritize the needs of populations experiencing greatest health disparities.

B. ORGANIZATIONAL CAPACITY (NOT TO EXCEED 1 PAGE). BRIEFLY DESCRIBE:

1. Your group or agency's mission or focus.
2. Your group's regular activities or programs.
3. The community(ies) your organization currently serves.
4. A non-profit organization needs to either apply for or be the fiscal sponsor of each applicant. If your group or agency is not registered as a 501(c)3 non-profit, please briefly describe your fiscal sponsor, its mission, goals, and objectives. **Please include the tax identification number and a copy of the 501(c)3 letter or equivalent. THIS IS REQUIRED. Applicants that do not include this information will be ineligible to apply and will not be considered.**
5. Has your organization received any funding from, or worked on any projects with the CHE&P Branch's **HEAL (Healthy Eating Active Living) programs, OR TFP (Tobacco Free Project)** in the past?
 - If yes**, please describe the project(s).
 - If no**, please describe the steps your group would take to build your agency's capacity and start such a project.

Proposal Narratives should NOT EXCEED 4 PAGES. Readers will be instructed to stop reading at the end of page 4. This page limit **does not** include the [Cover Page \(page 17\)](#), [Project Budget \(page 19\)](#) or the [Project Workplan \(Page 21\)](#) forms.

Please do NOT include any additional attachments with your proposal.